

LAC+USC HEALTHCARE NETWORK  
DIVISION OF CARDIOVASCULAR MEDICINE  
**HOLTER MONITORING**

**Request & Worksheet For Affinity**

**PLEASE PRINT LEGIBLY \*ALL INCOMPLETE REQUESTS CAN BE REJECTED\***

Request Date: \_\_\_\_\_ Ordering Physician (required) \_\_\_\_\_ Pager \_\_\_\_\_

Patient Name: \_\_\_\_\_ MRUN (PF#) \_\_\_\_\_

Patient Address (outpatient only) \_\_\_\_\_

rt. Phone# \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_ Sex: M / F Referring Ward/Clinic \_\_\_\_\_

Personnel Completing Request (if not ordering phys.) \_\_\_\_\_ Phone#/Pager \_\_\_\_\_

**TEST REQUESTED: ATTACH COPY OF RECENT EKG (REQUIRED!!!)**

HOLTER MONITOR: ☐ 24 HOUR LONG ☐ 48 HOUR LONG

**HOLTER MONITOR INDICATIONS: (REQUIRED)**

☐ SYNCOPE/NEAR SYNCOPE ☐ BRADYCARDIA ☐ PALPITATIONS/ARRHYTHMIA'S  
☐ ATRIAL ARRHYTHMIAS ☐ VENTRICULAR ARRHYTHMIAS ☐ S/P CARDIAC ARREST  
☐ TREATMENT F/U EVALUATION Other Indication \_\_\_\_\_

**Brief Medical History and Physical Exam (required)**

Diagnosis: \_\_\_\_\_ Recent Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Auscultation \_\_\_\_\_ S1 \_\_\_\_\_ S2 \_\_\_\_\_ Murmur \_\_\_\_\_

Known Cardiac disease: ☐ CABG ☐ Pacemaker ☐ AICD ☐ Other Heart Surgery

**Medications:**

☐ Digoxin ☐ Beta-Blockers ☐ Theophylline ☐ Nitrates ☐ Calcium Blockers Other: \_\_\_\_\_

**Risk Factors**

☐ Tobacco ☐ Hypertension ☐ Hyperlipidemia ☐ Diabetes ☐ Family History of CAD

**Other Risk Factors:** \_\_\_\_\_

Does ordering Physician want medications stopped prior to Holter ? Y / N When? \_\_\_\_\_

Patient has Pacemaker / AICD ? Y / N

Ordering Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_